



Last Updated: 03/09/2022

## Provider Aide Record (DMAS-90) Revision

The purpose of this memorandum is to inform you that the Provider Aide Record (DMAS-90), used for agency-directed personal care and respite care, has been revised. Providers may start using the revised form immediately. However, all providers must begin using the revised form no later than August 1, 2012.

Current Waiver regulations require that "The aide's weekly comments or observations about the individual, including observations of the individual's physical and emotional condition, daily activities, and responses to services rendered" be documented on the DMAS-90. In order to facilitate documentation of these required elements, the revised DMAS-90 replaces the "Weekly Comments" section with a chart for personal/respite care aides to document the status and any changes to the individual's physical and emotional condition, daily activities, and responses to services rendered. Please note that if any of the items have a change indicated in the "Y" box, a comment or observation must be made describing the status. Space has been made available for this documentation. If "N" is checked, no comment/observation is required. There is no expectation that the aides perform any assessment or document conclusions regarding the individual's status; this is not within the scope of their work. Only comments regarding the aide's observations must be documented.

The requirements and process for documentation of all other areas of the DMAS-90 are unchanged.

A copy of the revised DMAS-90 is attached. You may download additional copies through the Virginia Medicaid Web Portal at [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). Use the "Quick Link" towards the right-hand side of the home page for the "Provider Forms" link, which takes you to the menu of provider forms. Enter "90" in the "Number/Name" field. The DMAS-90 is on page 2 of 2.

A training presentation has been developed that outlines the changes to the form and provides guidance on use of the new checklist section. This will be posted on



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the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Click on “learning Network” on the left side of the page. Next, click on “Long Term Care” in the center of the page. The training will be available under “Home & Community Based Care.”

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If you have any questions related to the revised DMAS-90, please contact Elizabeth Smith, R.N., Program Analyst in the Division of Long-Term Care at (804) 786-0569 or [Elizabeth.smith@dmas.virginia.gov](mailto:Elizabeth.smith@dmas.virginia.gov).

### **Are You Ready for 300H Implementation?**

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to submit claims electronically via Electronic Data Interchange (EDI) or Direct Data Entry (DDE), and receive payments via Electronic Funds Transfer (EFT) for those services provided to Medicaid enrollees. If you are not already submitting claims electronically, please contact the EDI Helpdesk at 866-352-0766 for more information. If you do not receive your payment by EFT, please contact Provider Enrollment Services as soon as possible at 888-829-5373. The deadline for all providers to submit their claims electronically and receive payments by EFT is July 1, 2012.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800- 884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KePRO's Provider Portal, effective October 31, 2011 at <http://dmas.kepro.org/>.



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## ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions - Health Services Foundation Enterprise Systems/HDX <a href="http://www.hdx.com">www.hdx.com</a> Telephone: 1 (610) 219-2322	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363-3666
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## "HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.